



APPLICATION TO RENEW TREE EXPERT LICENSE

Maryland DNR Forest Service

The fee to renew this license is **\$10.00**. (license is good for one calendar year, 2/1-1/31, and must be renewed annually)

Please make your check or money order payable to: **DEPARTMENT OF NATURAL RESOURCES**

Your renewal is due **January 1st**, and **MUST** arrive by **January 31st**. Applications received after that date will be returned and retesting will be required in order to be licensed.

Incomplete or unsigned applications will not be processed and will be returned to the applicant for resubmittal.

Return to: Department of Natural Resources
Forest Service E-1
Tawes State Office Building
Annapolis, MD 21401
(410)260-8531 ATTN: Romcesa O. Estep

Your license will be printed exactly as shown below. **Please Type or Print Clearly.**

Licensee's Name: _____ **SSN or FIN:** _____

First Middle Last

Note: in accordance with the Budget Reconciliation and Financing Act of 2003, SSN or FIN **MUST** be provided or license cannot be renewed.

Company's Name: _____

Company's Address: _____

Telephone Number: _____

The county from which your business operates: _____

List below the full legal names of all those who you employ, who will be working under your license, who you supervise, and thus for whom you take professional responsibility. Note: the license holder must immediately notify DNR in writing whenever a name(s) is added or deleted.

INSURANCE:

Every tree expert must have, maintain, and show proof of liability and property damage insurance as required by Article 5, "Section 418(B) of the Natural Resources Code. It is the responsibility of the licensee to keep insurance coverage current and to provide DNR with current insurance information at all times while the license is active (including but not limited to when coverage is renewed and/or when insurance provider is changed).

An up-to-date copy of your certificate of insurance must accompany this application

Insurance Company Name: _____

Insurance Company Telephone No.: _____

Expiration Date: _____

WORKERS' COMPENSATION - In order to comply with the State of Maryland's Workers' Compensation Act (article 1-401) I am:

- ☐ Completely self-employed and employ only unpaid volunteers or family members. (Copy of the Workers' Compensation Commission's "Certificate of Compliance" must be attached to this application)
- ☐ Providing a Certificate of Insurance for Workers' Compensation or the insurance binder number below.

POLICY/BINDER NO. _____ ISSUED BY _____

In compliance with Title 5, 415-423, Laws of Maryland, 1973, I am hereby making application for the renewal of my Tree Expert License for the calendar year **2003**. I further declare and affirm under penalties of perjury that the foregoing information I have supplied in this Application for Renewal of Tree Expert License is true and correct to the best of my knowledge, information, and belief.

Applicant's Signature

date: